

Department of Public Health and Social Services
Division of Environmental Health
Food Establishment Inspection Report

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INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE		ESTABLISHMENT NAME	
Regular			<u>1</u>	<u>08 / 24 / 2017</u>		<u>PANDA EXPRESS</u>	
Follow-up	<input checked="" type="checkbox"/>			TIME IN	TIME OUT	PERMIT HOLDER	
Complaint			RATING	<u>10:45 AM</u>	<u>12:05 PM</u>	<u>GUA - PX, LLC.</u>	
Investigation			<u>A</u>	SANITARY PERMIT NO.		LOCATION (Address)	
Other:				<u>17-0002232</u>		<u># 1088 W. MARINE CORPS DR., DEDEDD</u>	
ESTABLISHMENT TYPE				AREA	TELEPHONE	No. of Risk Factor/Intervention Violations	RISK CATEGORY
<u>STALL STAND</u>				<u>1</u>	<u>969-8388</u>	<u>0</u>	<u>3</u>
				No. of Repeat Risk Factor/Intervention Violations <u>0</u>			

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
Supervision						
1	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Person in charge present, demonstrates knowledge, and performs duties			6
Employee Health						
2	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Management awareness, policy present			6
3	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Proper use of reporting, restriction & exclusion			6
Good Hygienic Practices						
4	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	<input type="radio"/> N/O		6
5	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	<input type="radio"/> N/O		6
Preventing Contamination by Hands						
6	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	<input type="radio"/> N/O		6
7	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	<input type="radio"/> N/O		6
8	<input checked="" type="radio"/> IN	<input type="radio"/> OUT				6
Approved Source						
9	<input checked="" type="radio"/> IN	<input type="radio"/> OUT				6
10	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	<input type="radio"/> N/O		6
11	<input checked="" type="radio"/> IN	<input type="radio"/> OUT				6
12	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	<input type="radio"/> N/O		6
Protection from Contamination						
13	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A			6
14	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A			6
15	<input checked="" type="radio"/> IN	<input type="radio"/> OUT				6
Potentially Hazardous Food (TCS Food)						
16	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	<input type="radio"/> N/O		6
17	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	<input type="radio"/> N/O		6
18	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	<input type="radio"/> N/O		6
19	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	<input type="radio"/> N/O		6
20	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A			6
21	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	<input type="radio"/> N/O		6
Consumer Advisory						
22	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A			6
Highly Susceptible Populations						
23	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A			6
Chemical						
24	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A			6
25	<input checked="" type="radio"/> IN	<input type="radio"/> OUT				6
Conformance with Approved Procedures						
26	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A			6

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: if numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
Safe Food and Water						
27			Pasteurized eggs used where required			1
28			Water and ice from approved source			2
29			Variance obtained for specialized processing methods			1
Food Temperature Control						
30			Proper cooling methods used; adequate equipment for temperature control			1
31			Plant food properly cooked for hot holding			1
32			Approved thawing methods used			1
33			Thermometer provided and accurate			1
Food Identification						
34			Food properly labeled; original container			1
Prevention of Food Contamination						
35			Insects, rodents, and animals not present			2
36			Contamination prevented during food preparation, storage & display			1
37			Personal cleanliness			1
38			Wiping cloths: properly used and stored			1
39			Washing fruits and vegetables			1
Proper Use of Utensils						
40			In-use utensils: properly stored			1
41			Utensils, equipment and linens: properly stored, dried, handled			1
42			Single-use/single-service articles: properly stored, used			1
43			Gloves used properly			1
Utensils, Equipment and Vending						
44			Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			1
45			Warewashing facilities: installed, maintained, used; test strips			1
46			Nonfood-contact surfaces clean			1
Physical Facilities						
47			Hot & cold water available, adequate pressure			2
48			Plumbing installed; proper backflow devices			2
49			Sewage and wastewater properly disposed			2
50			Toilet facilities: properly constructed, supplied, & cleaned			2
51			Garbage/refuse properly disposed; facilities maintained			2
52	<input checked="" type="radio"/> X		Physical facilities installed, maintained, and clean			1
53			Adequate ventilation and lighting; designated areas use			1
Documents and Placards						
54			Sanitary Permit, Health Certificates valid and posted			2

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign) NERISSA LAUDATO
 DEH Inspector (Print and Sign) LEILANI NAYARRO

Date: 08/24/2017

Follow-up (Circle one): YES ☒ NO ☐ Follow-up Date N/A

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ESTABLISHMENT NAME PANDA EXPRESS		LOCATION (Address) # 1088 W. MARINE CORPS DR., DEDED
INSPECTION DATE 08, 24, 2017	SANITARY PERMIT NO. 170002232	PERMIT HOLDER GUA- PX, LLC

TEMPERATURE OBSERVATIONS

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)
RAW CHICKEN / WALK-IN CHILLER	37.0°F		
MARINATED CHICKEN / UNDER COUNTER CHILLER	38.5°F		
RAW BEEF / UNDER COUNTER CHILLER	34.5°F		
BEEF BROCCOLI / SERVICE LINE	156.0°F		
SAUTEED FISH / SERVICE LINE	177.5°F		

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

	A FOLLOW-UP INSPECTION WAS CONDUCTED TODAY FOR PREVIOUS INSPECTION DATED 07/05/17 WHICH RESULTED IN A GRADE/RATING OF 19/B. ALL PREVIOUS VIOLATIONS OF ITEMS # 2, 6, 34, 35, 40, 44, 46, AND 52 WERE CORRECTED, AND THE FOLLOWING NEW VIOLATION WAS OBSERVED:	
52	FLOOR UNDER THE CHILLER IN THE BASEMENT STORAGE ROOM HAVE GREASE ACCUMULATION. PHYSICAL FACILITIES SHALL BE KEPT IN CLEAN CONDITION TO PREVENT HARBORAGE OF PESTS. PICTURE OF VIOLATION WAS TAKEN. REMOVED "B" PLACARD NO. 00859. POSTED "A" PLACARD NO. 02500. DISCUSSED THIS REPORT WITH PIC, NEBRISSE LANDATO.	09/23/17

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign)

'NERUSSA M. LANDATO *[Signature]*

Date: 08/24/17

DEH Inspector (Print and Sign)

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Date: 08/24/17